Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3-21-08</u>	Address:	KENILWORTH NORTH
Case #:	<u>24F29104</u>		OF 17 TH ROAD ARGOS
County:	MARSHALL		
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;
Items Four	nd: Location (bedroom, kitchen, open air	r, etc)	
(check all that apply) Lithium/Ammonia Reaction(s): TRUCK BED			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: TRUCK CAB/BED			
Water Reactive Metal (Lithium): TRUCK BED			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Geπerator(s):			
Corrosive Acid: TRUCK BED			
Corrosive Base:			
Other (item and location):			
∏ Yes ⊠ No	r age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrine ☐ Retail/Me	<u>Information</u> /Pseudoephedrine Tracking Log rehant Tip AFFIC STOP
<u>This report</u>	is to be faxed to the following agen	cies that serve the lo	cation:
Health Depa	nent: ARGOS FIRE artment: MARSHALL CO. ction Service: N/A	Fax: <u>HANE</u> Fax: <u>(574) 9</u> Fax: <u>N/A</u>	<u>DELIVERED</u> 936-9247
For further information regarding this methamphetamine laboratory, contact Investigating Officer: OFFICER TRAVIS ONEAL Phone (574)892-5122			

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.